

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09-509108 / FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51				
2		1						52				
3		2						53				
4		①						54				
5								55				
6								56				
7								57				
8								58				
9								59				
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39								89				
40								90				
41								91				
42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	1							TOTAL IND.				
TOTAL DEP.	4	↓		1	↓			TOTAL DEP.				
TOTAL CLAIMS	5	↓		1	↓			TOTAL CLAIMS				